**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K26277** **(9)**

1. Corporate Name

**E.J. AMRHEIN & COMPANY**

Principal Place of Business
**2020 S. COMBEE RD., #12**
**LAKELAND FL 33801-3834**

Mailing Address
**2020 S. COMBEE RD., #12**
**LAKELAND FL 33801-3834**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/15/1988**

3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 Country 25

Zip 29 Country 30

4. FEI Number: **59-2936160** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. Do you want to be notified by mail pursuant to Section 607.0505 Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

**VINING, C. GEOFFREY P.A.**
**2212 SOUTH FLORIDA AVENUE**
**SUITE 300**
**LAKELAND FL 33803**

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of my position as registered agent, Florida Statutes.

SIGNATURE

**12. OFFICERS AND DIRECTORS**

TITLE
NAME **PD**
ADDRESS **AMRHEIN, E.J.**
CITY, ST, ZIP **2020 S COMBEE #12**
**LAKELAND FL**

**13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS**

TITLE ☐ Change ☐ Addition
NAME
ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME
ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
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CITY, ST, ZIP

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof, or on an attached sheet with an address.

**SIGNATURE:** 5-1-95 813 670707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Phone #

031295 CP